



APPLICATION FOR LICENSURE AS A

**BOOTH RENTER, MOBILE OPERATOR,
PERSONAL SERVICE OPERATOR, SALON/SHOP**

FEE: \$50.00

FOR VALIDATION ONLY

BR001-070-209-0022, MS 001-070-209-0023,
PS 001-070-209-0024, SS001-070-209-021

Check the appropriate boxes:

- ☐ Original Application ☐ Booth Renter ☐ Mobile Operator
☐ Renewal ☐ Personal Service Operator ☐ Salon/Shop

Please type or print clearly

Make check payable to **Washington State Treasurer**

Applicant Information

Applicant Name - Last		First	Middle
Residence Telephone No. ()	Date of Birth (Month, Day, Year)		Social Security No. – Required per RCW 26.23.150
Current or Previous License Date	Name When Issued	License Reference No.	

Company Information

** Partnerships please attach a copy of your partnership agreement.*

*** Corporations please attach a copy of your current corporation document.*

Business Name of Individual		Business Name of Salon Shop	
Business Mailing Address			
City	State	Zip	County
Physical Address of Business (if different from above)			
City	State	Zip	County
Business Telephone Number ()		Washington Revenue Tax Number (UBI)	
Services Offered (check all that apply) <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician		Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation**	

Insurance

- Please attach a copy of your insurance coverage with this application
- The law requires that your business must **at all times** be covered by a public liability insurance policy in an amount not less than \$100,000.00

For office use only

**Vehicle Information – For mobile service operator only**

Make	Model	Year	License Plate No.
Vehicle insured by			Policy No.

Supervisor Information – For salon/shop only

Direct Supervisor's Name	Date of Birth (<i>Month, Day, Year</i>)
License Held	License Reference No.
Name When License Was Issued	

Applicant Personal Data

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ YES ☐ NO
2. Is there a criminal or civil complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ YES ☐ NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ YES ☐ NO

Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Affidavit

I, _____, being first duly sworn, depose and say that I am the responsible professional and that I am authorized to sign for the corporation or partnership (if applicable).

I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of a license to practice as a Booth Renter, Personal Service Operator, Mobile Service Operator, or Salon/Shop in the state of Washington.

X

SIGNATURE OF APPLICANT/RESPONSIBLE PERSON

PLACE OF EXECUTION (*City, State*)

DATE

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17